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**TRANSMITTAL
FORM**(To be used for all correspondence
after initial filing)

Application Number	10/010,742
Filing Date	November 30, 2001
First Named Inventor	Davin C. Dillon
Group Art Unit	1637
Examiner Name	Teresa E. Strzelecka
Attorney Docket No.	210121.491C7

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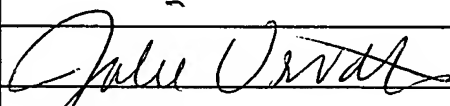
TECH CENTER 1600/2900

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> CD(s), Number of CD(s) _____
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Declaration	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449	<input type="checkbox"/> Statement under 37 CFR 3.73(b)	<input checked="" type="checkbox"/> Return Receipt Postcard
<input checked="" type="checkbox"/> Cited References (9)	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	_____
<input type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53		_____
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		_____

Remarks

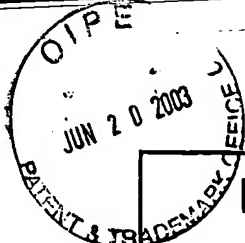
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Individual Name	Julie A. Urvater, Ph.D., Patent Agent Reg No. 50,461	 00500 PATENT TRADEMARK OFFICE
Signature		
Date	June 20, 2003	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date specified below.

Typed or printed name		
Signature		Date:



FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) **410**

Complete if Known

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Filing Date	November 30, 2001
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METHOD OF PAYMENT

☒ Payment Enclosed:
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☐ Deposit Account:
Deposit Account Number: **19-1090**
Deposit Account Name: **Seed Intellectual Property Law Group PLLC**

The Commissioner is authorized to (check all that apply)
☐ Charge fee(s) indicated below ☒ Credit any overpayments
☐ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any deficiencies to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE		Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375			Utility filing fee	
1002	330	2002	165			Design filing fee	
1003	520	2003	260			Plant filing fee	
1004	750	2004	375			Reissue filing fee	
1005	160	2005	80			Provisional filing fee	
SUBTOTAL (1)							(\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9			Claims in excess of 20	
1201	84	2201	42			Independent claims in excess of 3	
1203	280	2203	140			Multiple dependent claim, if not paid	
1204	84	2204	42			** Reissue independent claims over original patent	
1205	18	2205	9			** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)							(\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES		Large Entity		Small		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1051	130	2051	65			Surcharge - late filing fee or oath	
1052	50	2052	25			Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130			Non-English specification	
1812	2520	1812	2520			For filing a request for ex parte reexamination	
1804	920*	1804	920*			Requesting publication of SIR prior to Examiner action	
1805	1840*	1805	1840*			Requesting publication of SIR after Examiner action	
1251	110	2251	55			Extension for reply within first month	
1252	410	2252	205			Extension for reply within second month	410
1253	930	2253	465			Extension for reply within third month	
1254	1450	2254	725			Extension for reply within fourth month	
1255	1970	2255	985			Extension for reply within fifth month	
1401	320	2401	160			Notice of Appeal	
1402	320	2402	160			Filing a brief in support of an appeal	
1403	280	2403	140			Request for oral hearing	
1451	1510	1451	1510			Petition to institute a public use proceeding	
1452	110	2452	55			Petition to revive - unavoidable	
1453	1300	2453	650			Petition to revive - unintentional	
1501	1300	2501	650			Utility issue fee (or reissue)	
1502	470	2502	235			Design issue fee	
1503	630	2503	315			Plant issue fee	
1460	130	1460	130			Petitions to the Commissioner	
1807	50	1807	50			Processing fee for provisional applications	
1806	180	1806	180			Submission of Information Disclosure Stmt	
8021	40	8021	40			Recording each patent assignment per property (times number of properties)	
1809	750	2809	375			Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	375			For each additional invention to be examined (37 CFR § 1.129(b))	
1801	750	2801	375			Request for Continued Examination (RCE)	
1802	900	1802	900			Request for expedited examination of a design application	
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid							
SUBTOTAL (3)							(\$) 410

SUBMITTED BY

Name (Print/Type)	Julie A. Uvater, Ph.D., Patent Agent	Registration No. Attorney/Agent	50,461
Firm Name/Address			
Signature		Date	June 20, 2003



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